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Practitioner's Docket No. 70342/48,194

PATENT

TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Fujino

Application No.: 09/257,650

Group No.: 1646

Filed: 02/25/1999

Examiner: O'Hara, E.

For: USE AND SCREENING METHOD FOR AN ABERRANT GENE PRODUCT OPERATING  
SUBSTANCE

Assistant Commissioner for Patents  
Washington, D.C. 20231

### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

### STATUS

2. Applicant is other than a small entity.

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1) for one month:

12/04/2001 MGE BREM1 00000104 09257650

Fee: \$110.00

02 FC:115

110.00 0P

### CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

#### MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

#### FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

Signature

Donna M. Tomaso

(type or print name of person certifying)

Date: July 25, 2001

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	35	Minus	26	=9	x \$18. =	\$162.00
Indep.	8	Minus	7	=0	x \$0. =	\$0
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0
					Total	\$162.00
					Addit. Fee	\$162.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write AO≡ in Col. 3,  
\*\* If the AHighest No. Previously Paid For≡ IN THIS SPACE (Column 2, Row 1) is less than 20, enter A20≡.  
\*\*\* If the AHighest No. Previously Paid For≡ IN THIS SPACE (Column 2, Row 2) is less than 3, enter A3≡.  
The AHighest No. Previously Paid For≡ (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

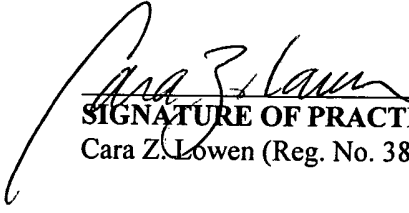
## FEE PAYMENT

5. Attached is a check in the sum of \$272.00.

## FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.  
If any additional fee for claims is required, charge Account No. 04-1105.

Date: October 18, 2001

  
**SIGNATURE OF PRACTITIONER**  
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